

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

ST. MARY MEDICAL CENTER, INC.

35-2007327

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		361	920,812.	48,283.	872,529.	.35
b Medicaid (from Worksheet 3, column a)		30398	28,833,753.	12,270,430.	16,563,323.	6.74
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		30759	29,754,565.	12,318,713.	17,435,852.	7.09
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	278	10415	662,134.	295.	661,839.	.27
f Health professions education (from Worksheet 5)	114	884	261,384.		261,384.	.11
g Subsidized health services (from Worksheet 6)		18	136,939.	112,094.	24,845.	.01
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	36		169,062.		169,062.	.07
j Total Other Benefits	428	11317	1,229,519.	112,389.	1,117,130.	.46
k Total. Add lines 7d and 7j	428	42076	30,984,084.	12,431,102.	18,552,982.	7.55

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2018

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1		38,098.	590.	37,508.	.02
4 Environmental improvements						
5 Leadership development and training for community members	5	114	6,596.		6,596.	
6 Coalition building	16	884	7,493.		7,493.	
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	22	998	52,187.	590.	51,597.	.02

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 1,651,713.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 16,517.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 120,907,678.
6 Enter Medicare allowable costs of care relating to payments on line 5	6 143,525,948.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -22,618,270.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group ST MARY MEDICAL CENTER. INC.

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1**Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.COMHS.ORG/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V DISCLOSURE</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group ST. MARY MEDICAL CENTER, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.COMHS.ORG/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V DISCLOSURE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V DISCLOSURE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**

Name of hospital facility or letter of facility reporting group ST MARY MEDICAL CENTER, INC.

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

	Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group ST MARY MEDICAL CENTER. INC.

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 5 - COMMUNITY STAKEHOLDERS

THE CHNA COLLECTED INPUT FROM PEOPLE REPRESENTING THE BROAD INTERESTS OF THE OVERALL COMMUNITY INCLUDING THOSE WITH SPECIALIZED KNOWLEDGE OF OR EXPERTISE IN, PUBLIC HEALTH AND RESIDENTS OF THE COMMUNITIES THE HOSPITALS SERVE. THE HEALTHCARE SYSTEM PARTNERED WITH OTHER HOSPITAL SYSTEMS, FOUNDATIONS AND NONPROFITS TO CONDUCT A RESIDENT SURVEY. DATA FROM A VARIETY OF FEDERAL, STATE AND LOCAL ENTITIES WAS ALSO REVIEWED.

FOCUS GROUPS WERE ORGANIZED THROUGHOUT LAKE COUNTY, INDIANA. THE GOAL OF THE FOCUS GROUPS WAS TO UNDERSTAND THE NEEDS, ASSETS, AND POTENTIAL RESOURCES IN VARIOUS COMMUNITIES AND TO STRATEGIZE HOW THE HOSPITALS CAN PARTNER WITH COMMUNITIES TO BUILD RESILIENCY. THESE FOCUS GROUPS FOCUSED ON GATHERING INFORMATION FROM COMMUNITY MEMBERS AND LOCAL PROFESSIONALS WHO HAVE DIRECT KNOWLEDGE AND EXPERIENCE RELATED TO THE HEALTH DISPARITIES IN THE REGION. DETAILS CAN BE FOUND IN THE APPENDIX OF THE CHNA (SECTION 8).

PART V, SECTION B, LINE 6A - HOSPITAL FACILITIES CHNA WAS CONDUCTED WITH COMMUNITY HEALTHCARE SYSTEM:

COMMUNITY HOSPITAL

ST. CATHERINE HOSPITAL, INC.

FRANCISCAN ALLIANCE:

ST. ANTHONY HEALTH

ST. MARGARET HEALTH - HAMMOND

ST. MARGARET HEALTH - DYER

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE METHODIST HOSPITALS, INC.:

NORTHLAKE CAMPUS

SOUTHLAKE CAMPUS

PART V, SECTION B, LINE 10A - IMPLEMENTATION STRATEGY WEBSITE

THE IMPLEMENTATION STRATEGY IS AVAILABLE AT THIS WEBSITE ADDRESS (URL) -

[HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.comhs.org/about-us/community-health-needs-assessment)

PART V, SECTION B, LINE 11 - CHNA SIGNIFICANT NEEDS IDENTIFIED

ST. MARY MEDICAL CENTER

2019 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

OVERVIEW:

THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM - COMMUNITY HOSPITAL,
ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER - CONDUCTED A
COMMUNITY HEALTH NEEDS ASSESSMENT FOR 2019 WITH COOPERATION FROM ALL AREA
NOT-FOR-PROFIT HOSPITALS. THE PURPOSE OF THIS STUDY WAS TO GATHER
QUANTITATIVE AND QUALITATIVE DATA TO IDENTIFY MAJOR HEALTH CHALLENGES IN
OUR COMMUNITIES. THE FULL COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND
ON THE COMMUNITY HEALTHCARE SYSTEM WEBSITE.

THE 2019 IMPLEMENTATION PLAN BUILDS ON THE PROGRESS AND EVER-CHANGING
HEALTHCARE NEEDS OF THE COMMUNITIES SERVED BY ST. MARY MEDICAL CENTER. IT
TAKES INTO ACCOUNT THE FINDINGS OF THE 2013, 2016 AND 2019 COMMUNITY
HEALTH NEEDS ASSESSMENTS THAT EXAMINE THE CHALLENGES AND OPPORTUNITIES

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOR ADDRESSING HEALTH DISPARITIES AND IMPROVING THE QUALITY OF LIFE FOR
RESIDENTS.

THE COMMUNITY HEALTH NEEDS ASSESSMENT GATHERED QUANTITATIVE AND
QUALITATIVE DATA TO PINPOINT MAJOR HEALTH CHALLENGES AND SET A BASELINE
FOR IMPROVEMENT IN OUR COMMUNITIES. WHILE OUR COMMUNITY CONTINUES TO LAG
IN A NUMBER OF IMPORTANT HEALTH MEASURES, THERE WAS PROGRESS MADE SINCE
THE 2016 STUDY.

EFFORTS TO IMPROVE ACCESS TO CARE, ENGAGE PATIENTS IN MEANINGFUL
DISCUSSIONS ABOUT LIFESTYLE CHOICES AND INCREASE PREVENTATIVE SCREENING
OPPORTUNITIES ARE HAVING A POSITIVE EFFECT ON THE HEALTH OF THE
COMMUNITY. THE 2019 IMPLEMENTATION PLAN BUILDS ON THESE STRATEGIES AND
CONSIDERS NEW ONES TO DRIVE FURTHER IMPROVEMENTS.

THE FOLLOWING ISSUES WERE IDENTIFIED AS AREAS OF OPPORTUNITY IN THE ST.
MARY MEDICAL CENTER SERVICE AREA:

- . ACCESS TO HEALTH SERVICES
- . CANCER
- . CHRONIC KIDNEY DISEASE
- . DIABETES
- . FAMILY PLANNING
- . HEART DISEASE & STROKE
- . INJURY & VIOLENCE PREVENTION
- . MATERNAL, INFANT & CHILD HEALTH

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

. MENTAL HEALTH & MENTAL DISORDERS

. NUTRITION, PHYSICAL ACTIVITY & WEIGHT

. SUBSTANCE ABUSE

. TOBACCO USE

. UNEMPLOYMENT & JOB TRAINING

ADDRESSING COMMUNITY NEEDS

WHILE THE 2019 REPORT SHOWS SOME GAINS SINCE 2016 CHNA, WE ARE STILL
BELOW GOALS IDENTIFIED IN THE HEALTHY PEOPLE 2020 INITIATIVES. FOR THAT
REASON, ST. MARY MEDICAL CENTER WILL CONTINUE TO FOCUS ON PRIORITY AREAS:
CANCER, DIABETES, HEART DISEASE & STROKE, NUTRITION & WEIGHT STATUS AND
MATERNAL, INFANT & CHILD HEALTH. ALL OF THESE AREAS HAVE A COMMON LINK TO
MODIFIABLE LIFESTYLE RISK FACTORS, EDUCATION AND ACCESS TO MEDICAL
SERVICES. KEY ISSUES OF CONCERN CONTINUE TO FOCUS ON SUBSTANCE ABUSE AS
WELL AS ACCESS TO CARE. IN TARGETING THESE FIVE AREAS FOR HEALTH
IMPROVEMENT, THE HOSPITALS WILL SEEK TO:

. ALIGN AND RE-ALIGN RESOURCES TO FOCUS ON THESE FIVE HEALTH ISSUES

. BUILD UPON DEVELOPED PARTNERSHIPS AND COLLABORATIONS FOR OUTREACH
SCREENING AND EDUCATION INITIATIVES AS WELL AS TO TARGET AT-RISK
POPULATIONS

. EXPAND BEST-PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING, IN

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTICULAR, OUR EMPLOYED PHYSICIANS GROUP

. LEVERAGE OUR RESOURCES TO PROVIDE SERVICES BY PARTNERING WITH OTHER

COMMUNITY GROUPS AND SEEKING GRANT FUNDING

. SEEK ADDITIONAL OPPORTUNITIES TO ACHIEVE OUR GOALS

COMMUNITY HEALTH NEEDS: AREAS NOT ADDRESSED

THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY THE HOSPITALS OF THE

COMMUNITY HEALTHCARE SYSTEM IDENTIFIED AREAS OF CONCERN NOT IDENTIFIED IN

THE HOSPITAL'S IMPLEMENTATION PLAN. THESE AREAS INCLUDE:

ST. MARY MEDICAL CENTER SERVICE AREAS:

. ACCESS TO HEALTH SERVICES

. CHRONIC KIDNEY DISEASE

. INJURY & VIOLENCE PREVENTION

. MENTAL HEALTH & MENTAL DISORDERS

. SUBSTANCE ABUSE

. TOBACCO USE

. UNEMPLOYMENT & JOB TRAINING

MANY OF THESE AREAS ARE BEING ADDRESSED BY THE HOSPITALS OF THE COMMUNITY

HEALTHCARE SYSTEM AS WELL AS BY OTHER COMMUNITY ORGANIZATIONS. FOR

EXAMPLE, ONE OF THE THREE HOSPITALS IN THE COMMUNITY HEALTHCARE SYSTEM

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HAS A BEHAVIOR HEALTH PROGRAM AND HAS EXPANDED ITS OUTPATIENT SERVICES TO
IMPROVE ACCESS TO MENTAL HEALTH SERVICES AND OFFERS A DEDICATED UNIT FOR
OLDER ADULT MENTAL HEALTH PATIENTS.

AS THE HOSPITAL FOCUSES ON LIFESTYLE, EDUCATION, PREVENTION AND ACCESS TO
CARE ISSUES SURROUNDING ITS FOUR FOCUSED AREAS, POSITIVE OUTCOMES WILL
LIKELY HAVE POSITIVE EFFECTS ON THE HEALTH NEEDS NOT ADDRESSED. TO HAVE
THE GREATEST IMPACT, HOWEVER, THE HOSPITAL HAS CHOSEN TO FOCUS ON THE
MOST SERIOUS DISEASES AND THE RELATED LIFESTYLE ISSUES FACING OUR
COMMUNITY AS WELL INVESTING IN THE HEALTH OF NEWBORNS - THE MOST
VULNERABLE RESIDENTS

PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE

THE FAP APPLICATION FORM IS AVAILABLE AT THIS WEBSITE ADDRESS (URL) -
[HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROG](https://www.comhs.org/about-us/patient-resources/financial-assistance-program)
RAM

PART V, SECTION B, LINE 16C - FAP PLAIN LANGUAGE SUMMARY WEBSITE

THE FAP PLAIN LANGUAGE SUMMARY IS AVAILABLE AT THIS WEBSITE ADDRESS
(URL) -
[HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROG](https://www.comhs.org/about-us/patient-resources/financial-assistance-program)
RAM

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
1 OUTPATIENT SURGERY AT LAKE PARK 7921 GRAND BOULEVARD HOBART IN 46342	OUTPATIENT SURGERY
2 CANCER CARE CENTER 300 WEST 61ST AVENUE HOBART IN 46342	RADIOLOGY
3 OUTPATIENT REHABILITATION/WOUND THERAPY 320 WEST 61ST AVENUE HOBART IN 46342	REHABILITATION
4 PORTAGE HEALTH CENTER II 3545 ARBORS STREET PORTAGE IN 46368	OUTPATIENT CENTER
5 WILLOWCREEK HEALTH CENTER 3170 WILLOWCREEK ROAD PORTAGE IN 46368	OUTPATIENT CENTER
6 WINFIELD FAMILY HEALTH CENTER 10607 RANDOLPH STREET CROWN POINT IN 46307	OUTPATIENT CENTER
7 HEALTH & REHABILITATION SPECTRUM 1354 SOUTH LAKE PARK AVENUE HOBART IN 46342	OUTPATIENT CENTER
8 HOME HEALTH OF ST. MARY MEDICAL CENTER 1439 SOUTH LAKE PARK AVENUE HOBART IN 46342	HOME HEALTH
9 VALPARAISO HEALTH CENTER 3800 ST. MARY DRIVE VALPARAISO IN 46383	OUTPATIENT CENTER
10	

Schedule H (Form 990) 2018

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C-FACTORS OTHER THAN FPG USED TO DETERMINE FAP ELIGIBILITY:

IN ADDITION TO FPG, THE CRITERIA OF ASSET LEVEL, MEDICAL INDIGENCY,

INSURANCE STATUS AND UNDERINSURANCE STATUS WERE USED IN DETERMINING

ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

PART I, LINE 6A - WAS A COMMUNITY BENEFIT REPORT PREPARED:

THE STATE OF INDIANA ACCEPTS FORM 990 SCHEDULE H IN LIEU OF A COMMUNITY

BENEFIT REPORT. ST. MARY MEDICAL CENTER, INC. MAKES ITS 990 AVAILABLE TO

THE PUBLIC.

PART I, LINE 7 - FINANCIAL ASSISTANCE & OTHER COMMUNITY BENEFITS AT COST:

COST ACCOUNTING SYSTEM WAS USED FOR COMPUTATIONS. BAD DEBT IS EXCLUDED

FROM THE CALCULATION. MEDICAID DIRECT OFFSETTING REVENUE INCLUDES THE

INCREASED HAF REIMBURSEMENT. THE EXPENSE INCLUDES THE HAF FEE.

PART II - COMMUNITY BUILDING ACTIVITIES

COMMUNITY SUPPORT (LINE 3) - THIS CATEGORY CAN INCLUDE "DISASTER

READINESS AND PUBLIC HEALTH EMERGENCY ACTIVITIES, SUCH AS READINESS

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TRAINING BEYOND WHAT IS REQUIRED BY ACCREDITING BODIES OR GOVERNMENT

ENTITIES." EXPENSES AND REVENUES RELATING TO THE BIO-TERRORISM DEPARTMENT

OF THE HOSPITAL HAVE BEEN INCLUDED IN THIS CATEGORY.

LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS (LINE 5) - THIS

CATEGORY INCLUDES "TRAINING IN CONFLICT RESOLUTION; CIVIC, CULTURAL OR

LANGUAGE SKILLS; AND MEDICAL INTERPRETER SKILLS FOR COMMUNITY RESIDENTS."

THE COSTS REPORTED HERE RELATE TO THE SUPPORT OF COMMUNITY PROGRAMS THAT

FOSTER LEADERSHIP AND NETWORKING IN BUSINESS.

COALITION BUILDING (LINE 6) - THIS CATEGORY IS TO INCLUDE "PARTICIPATION

IN COMMUNITY COALITIONS AND OTHER COLLABORATIVE EFFORTS WITH THE

COMMUNITY TO ADDRESS HEALTH AND SAFETY ISSUES." THE COSTS REPORTED HERE

PERTAIN TO PARTICIPATION IN FUNCTIONS WITH THE LOCAL CHAMBER OF COMMERCE.

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PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT AT COST:

THE COST TO CHARGE RATIO PER THE S-10 WORKSHEET OF THE MEDICARE COST

REPORT IS USED TO ESTIMATE BAD DEBT AT COST.

PART III, LINE 3 - BAD DEBT EXPENSE ATTRIBUTABLE TO FAP ELIGIBLE PATIENTS:

WE ESTIMATE 1% OF THE BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS

ELIGIBLE FOR FINANCIAL ASSISTANCE.

PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE FROM AUDIT:

PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS
REDUCED BY THE PROVISION FOR BAD DEBTS, AND NET ACCOUNTS RECEIVABLE ARE
REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE PROVISION FOR BAD
DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED
NET COLLECTIONS, TAKING INTO CONSIDERATION THE TRENDS IN HEALTH CARE
COVERAGE, ECONOMIC TRENDS, AND OTHER COLLECTION INDICATORS. MANAGEMENT
REGULARLY ASSESSES THE ADEQUACY OF THE ALLOWANCES BASED UPON HISTORICAL
WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY AND AGING BUCKET. THE
RESULTS OF THE REVIEW ARE THEN UTILIZED TO MAKE MODIFICATIONS, AS

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NECESSARY, TO THE PROVISION FOR BAD DEBTS TO PROVIDE FOR AN APPROPRIATE
ALLOWANCE FOR BAD DEBTS. A SIGNIFICANT PORTION OF THE HOSPITALS'
UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES
PROVIDED, AND A SIGNIFICANT PORTION OF THE HOSPITALS' INSURED PATIENTS
WILL BE UNABLE OR UNWILLING TO PAY FOR CO-PAYMENTS AND DEDUCTIBLES. THUS,
THE HOSPITALS RECORD A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO
UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. AFTER ALL
REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IN ACCORDANCE WITH
CFNI'S POLICY, ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED AGAINST
THE ALLOWANCE FOR BAD DEBTS.

PART III, LINE 8 - WHY MEDICARE SHORTFALL SHOULD BE COMMUNITY BENEFIT:
WE PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY
FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE,
QUALIFYING THE SHORTFALL AS A COMMUNITY BENEFIT. THE MEDICARE ALLOWABLE
COSTS OF CARE WERE CALCULATED BY USING INFORMATION FROM THE COST
ACCOUNTING SYSTEM.

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PART III, LINE 9B - COLLECTION PRACTICES FOR QUALIFYING FA PATIENTS:

COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE COLLECTION PROCEDURES BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A FINANCIAL ASSISTANCE REVIEW.

2. NEEDS ASSESSMENT

THE MOST RECENT CHNA WAS CONDUCTED IN 2019 AND IS AVAILABLE ON THE FOLLOWING WEBSITE:

[HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.comhs.org/about-us/community-health-needs-assessment)

IN ADDITION TO OUR CHNA, WHICH IS CONDUCTED EVERY THREE YEARS, ST. MARY MEDICAL CENTER CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES. THIS IS AN ONGOING ENDEAVOR IN WHICH WE RELY HEAVILY UPON INPUT FROM OUR COMMUNITY LEADERS. WE ALSO CONDUCT MANY

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HEALTHCARE RELATED EVENTS THROUGHOUT THE YEAR WITHIN THE COMMUNITY. THIS
CAN VARY FROM EDUCATIONAL CLASSES TO SPECIFIC DISEASE SCREENINGS. WE
HAVE ALSO FOUND THAT A GOOD DATA SOURCE IS OUR PATIENTS. WE FREQUENTLY
SURVEY OUR PATIENTS TO OBTAIN THIS INFORMATION.

3. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PATIENTS WHO ARE ADMITTED WITHOUT INSURANCE ARE DIRECTED TO THE
HOSPITAL'S FINANCIAL COUNSELORS. THE FINANCIAL COUNSELORS PERFORM AN
INTERVIEW WITH THE PATIENTS TO EXPLAIN TO THEM THE PROCESS NECESSARY TO
RECEIVE FINANCIAL ASSISTANCE. THIS PROCESS INCLUDES APPLYING FOR
MEDICAID OR OTHER GOVERNMENT AID. THE APPLICANT THEN MUST FILL OUT A
FINANCIAL INFORMATION WORKSHEET AND SUBMIT VARIOUS INFORMATION TO
DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE
FINANCIAL ASSISTANCE POLICY. THE POLICY IS POSTED IN THE EMERGENCY ROOM
AREA AS WELL AS AT EACH INPATIENT WAITING DESK. THE INFORMATION IS ALSO
AVAILABLE ON OUR WEBSITE.

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4. COMMUNITY INFORMATION

LOCATED IN HOBART, INDIANA, THE COMMUNITY SERVED INCLUDES NORTHWEST

INDIANA. LATEST U.S. CENSUS BUREAU DEMOGRAPHIC INFORMATION COMPARING

HOBART TO THE STATE OF INDIANA:

	HOBART	INDIANA
PERSONS UNDER 18 YEARS, PERCENT, 2010	23.1%	23.4%
PERSONS 65 YEARS AND OVER, PERCENT, 2010	16.7%	15.8%
WHITE ALONE, PERCENT, 2010 (A)	84.8%	85.1%
BLACK OR AFRICAN AMERICAN ALONE, PERCENT, 2010 (A)	7.7%	9.8%
HISPANIC OR LATINO, PERCENT, 2010 (B)	11.8%	7.1%
WHITE ALONE, NOT HISPANIC OR LATINO, PERCENT, 2010	77.7%	78.9%
HIGH SCHOOL GRADUATE OR HIGHER, AGE 25+, 2013-2017	89.9%	88.3%
BACHELOR'S DEGREE OR HIGHER, AGE 25+, 2013-2017	21.5%	25.3%
MEDIAN HOUSEHOLD INCOME, 2013-2017	\$58,366	\$52,182
PERSONS IN POVERTY, PERCENT, 2013-2017	11.1%	13.1%

(A) INCLUDES PERSONS REPORTING ONLY ONE RACE.

(B) HISPANICS MAY BE OF ANY RACE, SO ALSO ARE INCLUDED IN APPLICABLE RACE

CATEGORIES

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5. PROMOTION OF COMMUNITY HEALTH

ST. MARY MEDICAL CENTER IS A LEADING PROVIDER OF EXPERT MEDICAL CARE TO NORTHWEST INDIANA RESIDENTS BY INVESTING IN NEW TECHNOLOGIES AND INNOVATIVE TREATMENTS. THE HOSPITAL ALSO UTILIZES MULTIDISCIPLINARY TEAMS OF HEALTH PROFESSIONALS AND SHARED GOVERNANCE AMONG THE NURSING STAFF FOR INCREASED COLLABORATION AND ACCOUNTABILITY IN PATIENT CARE. THESE EFFORTS HAVE LED TO THE ACHIEVEMENT OF NUMEROUS QUALITY AWARDS AND ACCREDITATIONS, RECOGNIZING ST. MARY MEDICAL CENTER'S CONSISTENT EXCELLENCE IN HEALTH OUTCOMES AND PATIENT EXPERIENCE.

SOME OF THE HOSPITAL'S ACHIEVEMENTS INCLUDE:

A \$40 MILLION DOLLAR SURGICAL PAVILION AND ICU EXPANSION WITH TWO SHELLED-IN FLOORS FOR FUTURE PATIENT ROOMS

ACQUISITION OF THE TRUEBEAM SYSTEM - A GROUNDBREAKING IMAGE-GUIDED RADIOTHERAPY SYSTEM THAT IS PART OF OUR NATIONALLY-ACCREDITED CANCER CARE PROGRAM

AWARD WINNING JOINT ACADEMY - ORTHOPEDIC SURGERY PROGRAM BOASTING SOME OF THE BEST OUTCOMES IN THE NATION

HIGH RISK BREAST CLINIC - INDIVIDUALIZED TREATMENT FOR WOMEN AT ELEVATED

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RISK FOR BREAST CANCER

COMMITMENT TO COMMUNITY OUTREACH THROUGH PARTNERSHIPS WITH LOCAL YMCAS,

THE BRICKIE CLINIC, AND ATHLETIC TRAINING PROGRAMS

ANTICOAGULATION CLINIC - MANAGEMENT FOR PATIENTS TAKING MEDICATIONS TO

PREVENT OR TREAT BLOOD CLOTS

LETTER FROM THE CEO

ST. MARY MEDICAL CENTER IS COMMITTED TO MEETING THE NEEDS OF OUR GROWING

POPULATION IN LAKE AND PORTER COUNTIES. OUR GOAL IS TO PROVIDE

COMPASSIONATE CARE WITH THE FINEST TECHNOLOGY AND SERVICES AVAILABLE

TODAY.

OUR HOSPITAL INCORPORATES ADVANCED CONCEPTS OF CARE AND SAFETY INTO A

BRAND NEW 113,000 SQUARE FOOT SURGICAL PAVILION AND ICU, AS WELL AS A

MODERN, SIX-STORY PATIENT TOWER THAT FEATURES COMFORTABLE, PRIVATE

PATIENT ROOMS AND THE LATEST TECHNOLOGY. WITH 203 TOTAL BEDS (INCLUDING

OUR ACUTE REHABILITATION CENTER) AND MORE THAN 500 PHYSICIANS ON STAFF,

ST. MARY MEDICAL CENTER ALSO EMBRACES DIVERSE METHODS OF PATIENT CARE.

PHYSICIANS FORGE NEW GROUND IN HEART CARE, NEUROSURGICAL AND ORTHOPEDIC

SURGERY. OUR LEVEL II NURSERY IS STAFFED AND EQUIPPED TO CARE FOR INFANTS

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BORN PREMATURELY, AND NEW MOTHERS ARE GUIDED THROUGH BIRTH WITH
INNOVATIVE OPTIONS SUCH AS WATER BIRTHING, CERTIFIED LACTATION
CONSULTANTS AND A MIDWIFE-FRIENDLY ENVIRONMENT. OUR AWARD-WINNING JOINT
ACADEMY TAKES A UNIQUE TEAM APPROACH TO JOINT REPLACEMENT SURGERY,
OFFERING PATIENTS EXTENSIVE EDUCATION, COACHING AND SUPPORT FROM THE
PRE-OPERATIVE THROUGH POST-OPERATIVE PHASES OF CARE AND REHABILITATION.
RECENTLY, WE EXPANDED OUR SERVICES IN PORTER COUNTY AND WITH OUR NEW
VALPARAISO HEALTH CENTER. THE 55,000 SQUARE FOOT OUTPATIENT CENTER,
SERVES AS A ONE-STOP-SHOP FOR PATIENTS SEEKING IMMEDIATE CARE, ADVANCED
DIAGNOSTIC IMAGING AND LAB SERVICES AS WELL AS 3D MAMMOGRAPHY WITH
SAME-DAY-RESULTS, PHYSICAL THERAPY OR EXPERT, COMPASSIONATE MEDICAL CARE
FROM ANY ONE OF OUR PRIMARY CARE OR PHYSICIAN SPECIALISTS ON STAFF THERE.
OUR PORTAGE HEALTH CENTERS I & II ALSO BRING MANY OF THESE SERVICES TO
OUR FAMILIES IN PORTAGE. THESE OUTPATIENT CENTERS ARE AN EXTENSION OF OUR
HOSPITAL'S HIGH QUALITY, PATIENT-CENTERED MEDICAL SERVICES, AND AN
IMPORTANT LINK IN OUR ABILITY TO HELP BUILD HEALTHIER COMMUNITIES
THROUGHOUT NORTHWEST INDIANA.
FINALLY, AS PART OF THE COMMUNITY HEALTHCARE SYSTEM, ST. MARY MEDICAL

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CENTER IS ONE OF THE PREMIER PROVIDERS OF CARE IN NORTHWEST INDIANA AND CHICAGOLAND. RECENTLY, OUR SYSTEM WAS RECOGNIZED BY HEALTHGRADES® FOR OUTSTANDING PATIENT EXPERIENCE AT ALL THREE HOSPITALS. THANKS TO INNOVATIVE APPROACHES TO CARE, INVESTMENTS IN NEW TECHNOLOGY AND THE VALIDATION OF SCIENTIFIC PROCESSES, OUR HOSPITALS PROVIDE QUALITY COMPASSIONATE CARE THAT BUILDS HEALTHIER LIVES AND HEALTHIER COMMUNITIES. TOGETHER, WITH OUR COMMUNITY HEALTHCARE SYSTEM PARTNERS, WE HAVE FORGED A REPUTATION BUILT THROUGH INNOVATION THAT INSPIRES PEOPLE TO DO THE EXTRAORDINARY EVERY DAY.

HOSPITAL HISTORY

SINCE 1973, ST. MARY MEDICAL CENTER HAS MET THE HEALTHCARE NEEDS OF THE NORTHWEST INDIANA COMMUNITY, HAVING STARTED THROUGH THE MINISTRY OF THE POOR HANDMAIDS OF JESUS CHRIST. THIS ORDER OF ANCILLA DOMINI SISTERS BEGAN THEIR MINISTRY IN LAKE COUNTY WHEN THEY CAME TO MERCY HOSPITAL IN GARY IN 1913. THE SISTERS CONTINUE THEIR MISSION HERE TODAY, AT ST. MARY MEDICAL CENTER AND THROUGHOUT LAKE COUNTY.

IN 2001, ST. MARY MEDICAL CENTER BECAME PART OF COMMUNITY HEALTHCARE SYSTEM, COMPRISED OF ST. MARY MEDICAL CENTER IN HOBART, ST. CATHERINE

Part VI Supplemental Information

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HOSPITAL IN EAST CHICAGO, AND COMMUNITY HOSPITAL IN MUNSTER. ST. MARY MEDICAL CENTER REMAINS DEDICATED TO ITS ROMAN CATHOLIC TRADITION. IT IS OUR GOAL TO BE THE PREMIER HOSPITAL SYSTEM IN INDIANA. OUR DEDICATION TO THIS END IS EVIDENT IN THE CARING SPIRIT OF OUR STAFF, COUPLED WITH THE BEST FACILITIES AND TECHNOLOGIES WE CAN OFFER OUR PATIENTS AND THEIR FAMILIES.

IN 2004, THE HOSPITAL EXPANDED WITH A NEW \$40 MILLION PATIENT TOWER OFFERING COMFORTABLE, PRIVATE ROOMS AND ADVANCED BEDSIDE TECHNOLOGY. DURING THE NEXT DECADE, GROWTH CONTINUED WITH THE OPENING OF A NEW ADVANCED IMAGING CENTER, A NEW AND EXPANDED EMERGENCY DEPARTMENT, THE OPENING OF ADDITIONAL OUTPATIENT LOCATIONS IN PORTAGE, HOBART AND VALPARAISO.

IN 2015, ST. MARY MEDICAL CENTER USHERED IN A NEW ERA OF SURGICAL CARE WITH THE OPENING OF A \$40 MILLION FOUR-STORY SURGICAL PAVILION AND ICU, ADDING NEW SURGICAL SUITES AND INTENSIVE CARE UNIT, ALONG WITH A NEW CENTRAL STERILIZATION DEPARTMENT, POST-ANESTHESIA CARE UNIT, PHASE II RECOVERY UNIT AND SAME-DAY SURGERY. THE SAME YEAR ALSO SAW THE ACQUISITION OF THE TRUEBEAM SYSTEM - AN INNOVATIVE CANCER TREATMENT

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TECHNOLOGY - AND THE OPENING OF THE NEWLY EXPANDED PORTAGE HEALTH CENTERS

I AND II.

THE TOP TWO FLOORS OF THE SURGICAL PAVILION ARE IN THE PROCESS OF BEING
FINISHED TO MEET GROWING HEALTHCARE NEEDS, AS PART OF OUR COMMITMENT TO
PROVIDING THE HIGHEST QUALITY CARE WITH THE MOST ADVANCED TECHNOLOGIES,
TO PROVIDE PATIENTS OF NORTHWEST INDIANA THE FINEST HEALTH CARE AVAILABLE
TODAY.

MISSION, VISION AND VALUES

MISSION: COMMUNITY HEALTHCARE SYSTEM IS COMMITTED TO PROVIDE THE HIGHEST
QUALITY CARE IN THE MOST COST-EFFICIENT MANNER, RESPECTING THE DIGNITY OF
THE INDIVIDUAL, PROVIDING FOR THE WELL-BEING OF THE COMMUNITY AND SERVING
THE NEEDS OF ALL PEOPLE, INCLUDING THE POOR AND DISADVANTAGED.

VISION: COMMUNITY HEALTHCARE SYSTEM IS ONE MEDICAL PROVIDER ORGANIZED
ACROSS THREE HOSPITAL CAMPUSES. IT LINKS THREE INDIANA HOSPITALS -
COMMUNITY HOSPITAL IN MUNSTER; ST. CATHERINE HOSPITAL IN EAST CHICAGO;
AND ST. MARY MEDICAL CENTER IN HOBART - AND MANY OUTPATIENT CLINICS AND
PHYSICIAN OFFICES. THE SYSTEM IS DEDICATED TO MAINTAIN THE CATHOLIC
TRADITION OF ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER AS WELL

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AS THE NON-SECTARIAN FOUNDATION OF COMMUNITY HOSPITAL. COMMUNITY
HEALTHCARE SYSTEM WILL BECOME THE PROMINENT, INTEGRATED HEALTHCARE SYSTEM
IN NORTHWEST INDIANA. THROUGH INTEGRATION, THE SYSTEM WILL CAPITALIZE ON
OPPORTUNITIES TO INCREASE OVERALL GROWTH, IMPROVE OPERATING EFFICIENCY,
AND REALIZE CAPITAL TO BETTER SERVE OUR PATIENTS, PHYSICIANS, AND
EMPLOYEES.
VALUES:
DIGNITY - WE VALUE THE DIGNITY OF HUMAN LIFE, WHICH IS SACRED AND
DESERVING OF RESPECT AND FAIRNESS THROUGHOUT ITS STAGES OF EXISTENCE.
COMPASSIONATE CARE - WE VALUE COMPASSIONATE CARE, TREATING THOSE WE SERVE
AND ONE ANOTHER WITH PROFESSIONALISM, CONCERN AND KINDNESS, EXCEEDING
EXPECTATIONS.
COMMUNITY - WE VALUE MEETING THE VITAL RESPONSIBILITIES IN THE COMMUNITY
WE SERVE, AND TAKE A LEADERSHIP ROLE IN ENHANCING THE QUALITY OF LIFE AND
HEALTH, STRIVING TO REDUCE THE INCIDENCE OF ILLNESS THROUGH CLINICAL
SERVICES, EDUCATION AND PREVENTION.
QUALITY - WE VALUE QUALITY AND STRIVE FOR EXCELLENCE IN ALL WE DO,
WORKING TOGETHER COLLABORATIVELY AS THE POWER OF OUR COMBINED EFFORTS

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EXCEEDS WHAT EACH OF US CAN ACCOMPLISH ALONE.

STEWARDSHIP - WE VALUE TRUSTWORTHY STEWARDSHIP AND ADHERENCE TO THE

HIGHEST ETHICAL STANDARDS THAT JUSTIFY PUBLIC TRUST AND PROTECT WHAT IS

OF VALUE TO THE SYSTEM - ITS HUMAN RESOURCES, MATERIAL AND FINANCIAL

ASSETS.

THE DESIGNATED POPULATION THAT ST. MARY MEDICAL CENTER IS FOCUSING ON

INCLUDES THOSE INDIVIDUALS WHOSE LIFE-STYLE BEHAVIORS PUT THEM AT RISK

FOR DISEASE AND ILLNESS. OUR PRIMARY FOCUS THIS YEAR IS ON DISEASES THAT

HAVE BEEN IDENTIFIED AS HEALTH DISCREPANCIES IN LAKE COUNTY, INDIANA -

DIABETES, HEART DISEASE & STROKE, AND MATERNAL INFANT & CHILD HEALTH. THE

INCIDENCE OF THESE DISEASES IN OUR REGION SURPASSED STATE AND NATIONAL

AVERAGES, AND THEREFORE DEMANDED OUR PRIMARY FOCUS. ALL OF THESE AREAS

HAVE A COMMON LINK TO MODIFIABLE LIFESTYLE RISK FACTORS, EDUCATION,

PREVENTION AND ACCESS TO MEDICAL SERVICES. ST. MARY MEDICAL CENTER HAS

INVESTED GREATLY IN RECENT YEARS IN TREATMENT AND EDUCATION PROGRAMS AND

IN OFFERING PATIENTS ACCESS TO TREATMENTS NOT AVAILABLE ELSEWHERE IN THE

COUNTY. WE ARE EXPANDING BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE

SETTING, IN PARTICULAR OUR EMPLOYED PHYSICIANS GROUP. THE FOCUS OF OUR

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COMMUNITY BENEFIT IS TO USE RESOURCES TO REACH BEYOND THE TREATMENT OF

THESE DISEASES TO HELP EDUCATE, SUPPORT AND EMPOWER INDIVIDUALS TO LOWER

THEIR RISKS.

BELOW, WE HAVE LISTED CURRENT PROGRAMS TO MEET THOSE NEEDS:

ALZHEIMER'S SUPPORT GROUP

AMERICAN CANCER SOCIETY ROAD TO RECOVERY VOLUNTEER PROGRAM

BARIATRIC SEMINAR

BEAT THE HOLIDAY BLUES

BLOOD PROFILE SCREENING

BLOOD PRESSURE SCREENING

BMI/BODY FAT ANALYSIS

BREASTFEEDING CLASS

CANCER SURVIVORS DAY

CANCER SURVIVORSHIP SYMPOSIUM

CARDIOPULMONARY REHAB BREATHLESS SUPPORT GROUP

CHOICES IN CHILDBIRTH

CLINICAL EDUCATION FOR MINISTRY

COOKING DEMONSTRATIONS

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CORONARY HEALTH APPRAISAL

COUMADIN CLASS

DIABETES CLASS

EXTRAORDINARY WOMEN'S SYMPOSIUM

HEALTH EDUCATION AND SEMINARS

HEALTHY KIDS DAY YMCAS

HEARTS OF HOPE

HOBART CHAMBER OF COMMERCE BUSINESS EXPO

HOPE NETWORK CANCER SUPPORT GROUP

LOOK GOOD-FEEL BETTER

MEDICAL STUDENT INTERNSHIPS

MENDED HEARTS SUPPORT GROUP

MOVING FORWARD - STROKE EDUCATION

NEW BEGINNINGS TRANSPLANT NETWORK

NUTRITION COUNSELING

PACK-AWAY-HUNGER EVENT

PAD SCREENINGS

PHYSICIAN PRESENTATIONS

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PORTAGE COMMUNITY AND BUSINESS NIGHT

PORTER COUNTY CHAMBER COALITION NETWORK NIGHT

PORTAGE SENIOR HEALTH FAIR

PULMONARY FUNCTION SCREENINGS

FOOD DRIVE

SHINE A LIGHT ON LUNG CANCER SYMPOSIUM

SHOREWOOD HEALTH FAIR

SKIN CANCER SCREENINGS

SMOKING CESSATION: FREEDOM FROM SMOKING

ST. PAUL CATHOLIC CHURCH HEALTH FAIR

STROKE CLASS

SHARE YOUR GRIEF SUPPORT

STROKE SYMPOSIUM

WEIGHT NO MORE SUPPORT GROUP

WORLD COPD AWARENESS DAY EVENT

OVER THE LAST SEVERAL YEARS, FOCUSED EFFORTS HAVE BEEN MADE TO DEVELOP

OUTREACH EDUCATION PROGRAMS AND OFFER HEALTH SCREENINGS THAT ADDRESS

CHALLENGES UNIQUE TO OUR NEIGHBORHOODS. WHEN POSSIBLE, OUR COMMUNITY

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OUTREACH TEAM EMBRACES AN INNOVATIVE APPROACH, TAKING PROGRAMS OUT OF THE
HOSPITAL AND INTO LOCAL CHURCHES, COMMUNITY CENTERS, AND THE WORKPLACE.
THIS APPROACH ALLOWS US TO SERVE MORE PEOPLE IN SETTINGS THEY FIND
COMFORTABLE AND CONVENIENT.

6. AFFILIATED HEALTH CARE SYSTEM

ST. MARY MEDICAL CENTER, INC. IS PART OF AN AFFILIATED SYSTEM. EACH
HOSPITAL IN THE SYSTEM PROVIDES MEDICAL SERVICES TO THEIR COMMUNITIES AND
ADJOINING COMMUNITIES. EACH ENTITY'S PURPOSE IS TO PROVIDE HEALTH CARE
TO THOSE WHO NEED IT, INCLUDING THE UNINSURED OR UNDERINSURED.

7. STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA